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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	agament i i	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this amended filir

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on	Jayme		
	your government-issued picture identification (for	First name		First name
	example, your driver's	L		
	license or passport).	Middle name		Middle name
	Bring your picture identification to your	Helffrich		
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)
			Ė.	
2.	All other names you have used in the last 8 years			
	Include your married or maiden names.	:		
	maidon names.			
3.	Only the last 4 digits of your Social Security number or federal	xxx-xx-4422		
	Individual Taxpayer Identification number (ITIN)	**************************************		
			131	

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De	btor 1 Jayme L Helffrich		Case number (if known)			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINS			
5.	Where you live		If Debtor 2 lives at a different address:			
	·	3312 E -19th Rd Ottawa, IL 61350				
		Number, Street, City, State & ZIP Code La Salle	Number, Street, City, State & ZIP Code			
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing	Check one:	Check one:			
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Det	otor 1 Jayme L Helffrich					Case number (if known)	
Par	t 2: Tell the Court About	Your Bankrı	iptcy Ca	ase			
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	choosing to file under	Chapte	r 7				
		☐ Chapte	г 11				
		☐ Chapte	r 12				
		☐ Chapter	r 13				
8.	How you will pay the fee	abou a pre	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more dabout how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or morder. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to a				
				ee in Installments (Official F		ion, sign and attach the Application for Individuals to Pay	
		but is applic	s not req es to you	juired to, waive your fee, an ur family size and you are u	d may do so only if y mable to pay the fee	on only if you are filing for Chapter 7. By law, a judge may, our income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out icial Form 103B) and file it with your petition.	
9.	Have you filed for	ed for ■ No.					
••	bankruptcy within the	_					
	last 8 years?	☐ Yes.	District		When	Case number	
			District		When	Case number	
			District		When	Case number Case number	
10.	Are any bankruptcy	■ No		**************************************			
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your residence?	□ No.	Go to li	ine 12.			
	restuence :	Yes.	Has yo	ur landlord obtained an evi	ction judgment again	st you and do you want to stay in your residence?	
				No. Go to line 12.			
				Yes. Fill out <i>Initial Stateme</i> bankruptcy petition.	ent About an Eviction	Judgment Against You (Form 101A) and file it with this	

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Deb	tor 1 Jayme L Helffrich		mal A Lock Nove of the Nove of	Case number (if known)
<u>L</u> [15,5]			Van Our an a Cala Brand	.4
100.03		ISINESSES	You Own as a Sole Proprie	STOP
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.	
		☐ Yes.	Name and location of bu	siness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any	
	If you have more than one sole proprietorship, use a		Number, Street, City, Sta	ate & ZIP Code
	separate sheet and attach it to this petition.		Check the appropriate bo	ox to describe your business:
			☐ Health Care Busi	ness (as defined in 11 U.S.C. § 101(27A))
			☐ Single Asset Rea	l Estate (as defined in 11 U.S.C. § 101(51B))
			Stockbroker (as o	defined in 11 U.S.C. § 101(53A))
			☐ Commodity Broke	er (as defined in 11 U.S.C. § 101(6))
			☐ None of the abov	е
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline. operation	s. If you indicate that you are	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure
	For a definition of small	■ No.	I am not filing under Cha	pter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Pari	4: Report if You Own or	Have Any	Hazardous Property or Ar	y Property That Needs Immediate Attention
14.	Do you own or have any	■ No.		
	property that poses or is alleged to pose a threat	☐ Yes.		
	of imminent and identifiable hazard to		What is the hazard?	
	public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	
				Number, Street, City, State & Zip Code

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Debtor 1 Jayme L Helffrich

Case number (if known)

15. Tell the court whether

Part 5:

About Debtor 1:

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-27919 Doc 1 Filed 08/31/16 Entered 08/31/16 10:45:09 Desc Main Document Page 6 of 45

Bert					「 (if known)			
Falls	6: Answer These Quest	ions for R	eporting Purposes					
	What kind of debts do you have?	16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you owe	e that are not consumer debts or business	s debts			
	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7.	. Go to line 18.				
	Do you estimate that after any exempt property is excluded and administrative expenses	Yes.		you estimate that after any exempt prope able to distribute to unsecured creditors?	erty is excluded and administrative expenses			
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes					
	How many Creditors do you estimate that you owe?	1-49 50-99 100-1 200-9	99	☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000			
	How much do you estimate your assets to be worth?	□ \$100,	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
	How much do you estimate your liabilities to be?	□ \$100,6	50,000 101 - \$100,000 1001 - \$500,000 1001 - \$1 million	☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
Part	7: Sign Below							
Fory	ou .	I have ex	amined this petition, and I declar	re under penalty of perjury that the inform	ation provided is true and correct.			
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.						
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.						
		Lundersta	understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a pankruptcy case can result, in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,					
		Jayrie I Signature	- Helffrich of Debtor 1	Signature of Debtor	2			
		Executed	on 8/30/3016	Executed on MM /	/ DD / YYYY			

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	Document 1 age 7 of 40
Debtor 1 Jayme L Helffrich	Case number (if known)
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the
an attorney, you do not need to file this page.	Signature of Attorney for Debtor Date MM / DD / YYYY
	William T. Surin Printed name
	Armstrong & Surin Firm name
	724 Columbus St Ottawa, IL 61350-5002 Number, Street, City, State & ZIP Code
	Contact phone 815-431-1234 Email address aslaw@mchsi.com
	02777622
	Bar number & State

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		Document 1 age 6 of 45		
Fil	l in this informa	ation to identify your case:		
De	btor 1	Jayme L Helffrich First Name Middle Name Last Name		
1	btor 2 ouse if, filing)	First Name Middle Name Last Name		
Un	ited States Bank	cruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS		
1 1	se number nown)		_	ck if this is an nded filing
Of	ficial Fori	m 106Sum		
Su	ımmary of	Your Assets and Liabilities and Certain Statistical Information	on	12/15
info you	rmation. Fill our r original forms	d accurate as possible. If two married people are filing together, both are equally responsib at all of your schedules first; then complete the information on this form. If you are filing an s, you must fill out a new <i>Summary</i> and check the box at the top of this page.	de for supply sended sched	ing correct ules after you file
				assets of what you own
1.	Schedule A/E 1a. Copy line	3: Property (Official Form 106A/B) 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line	62, Total personal property, from Schedule A/B	\$	5,395.00
	1c. Copy line	63, Total of all property on Schedule A/B	\$	5,395.00
Par	t 2: Summar	ize Your Liabilities		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			1.000	liabilities nt you owe
2.		Creditors Who Have Claims Secured by Property (Official Form 106D) total you listed in Column A, <i>Amount of claim,</i> at the bottom of the last page of Part 1 of <i>Schedule</i> .	D \$	4,558.00
3.		Creditors Who Have Unsecured Claims (Official Form 106E/F) total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the	total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	14,221.00
		Your total liabili	ities \$	18,779.00
Par	t 3: Summar	ize Your Income and Expenses		
4.		our Income (Official Form 106I) nbined monthly income from line 12 of Schedule I	\$	1,630.00
5.		our Expenses (Official Form 106J) nthly expenses from line 22c of <i>Schedule J</i>	\$	1,555.00
Par	t 4: Answer	These Questions for Administrative and Statistical Records		
6.		for bankruptcy under Chapters 7, 11, or 13? have nothing to report on this part of the form. Check this box and submit this form to the court wit	h your other s	chedules.
7.	Yes What kind of	debt do you have?		

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Deb	tor 1	Jayme L Helffrich	Case number (if known)	
8.		a the Statement of Your Current Monthly Income: Copy your total current Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	ent monthly income from Official Form	\$ 2,291.83

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total cla	im
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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Fill in this infor	nation to identify your case a	and this filing:		
Debtor 1	Jayme L Helffrich	Middle Name Last Name		
Debtor 2				
(Spouse, if filing)	First Name	Middle Name Last Name		
United States Ba	nkruptcy Court for the: NOR	THERN DISTRICT OF ILLINOIS		
Case number				Check if this is an amended filing
Official Fo	rm 106A/B			
Schedul	e A/B: Property	y		12/15
think it fits best. B	e as complete and accurate as pe e space is needed, attach a sepa	. List an asset only once. If an asset fits in more than o ossible. If two married people are filing together, both a rate sheet to this form. On the top of any additional pag	re equally responsible for s	upplying correct
Part 1: Describe	Each Residence, Building, Land,	or Other Real Estate You Own or Have an Interest In		
1. Do you own or h	nave any legal or equitable intere	st in any residence, building, land, or similar property?		
■ No. Go to Pari	t 2.			
☐ Yes. Where is	s the property?			
Part 2: Describe	Your Vehicles			
D		:		ahialaa waxaa suua shaat
		interest in any vehicles, whether they are registe report it on Schedule G: Executory Contracts and U		enicles you own mat
□ No ■ Yes	ucks, tractors, sport utility ve			
3,1 Make: (Chevrolet	Who has an interest in the property? Check one		laims or exemptions. Put
Modeł:	Vlalibu	Debtor 1 only		ims Secured by Property.
*****	2006	Debtor 2 only	Current value of the	Current value of the
Approximate Other inform	alasta tata tata tata tata ta ana ana ana an	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
		_	¢4.000.00	£4.000.00
		☐ Check if this is community property (see instructions)	\$4,000.00	\$4,000.00
		nd other recreational vehicles, other vehicles, and other recreational vehicles, other vehicles, and other		
		rn for all of your entries from Part 2, including an that number here		\$4,000.00
	Your Personal and Household It	**************************************		Comments - CO
Do you own or h	nave any legal or equitable in	terest in any of the following items?		Current value of the portion you own?
				Do not deduct secured claims or exemptions.
	ods and furnishings jor appliances, furniture, linens	, china, kitchenware		

Official Form 106A/B

Schedule A/B: Property

page 1

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D	ebtor 1	Jayme L Helffrich	Case number (if known	n)
	Yes.	Describe		
		Household furni	ture and furnishings	\$650.00
7.	Electron Example		o, stereo, and digital equipment; computers, printers, scanners; music edia players, games	collections; electronic devices
	☐ Yes.	Describe		
8.		bles of value les: Antiques and figurines; paintings, p other collections, memorabilia, coll	rints, or other artwork; books, pictures, or other art objects; stamp, co ectibles	in, or baseball card collections;
	_	Describe		
9.	Exampl	ent for sports and hobbies les: Sports, photographic, exercise, and musical instruments	d other hobby equipment; bicycles, pool tables, golf clubs, skis; canoe	s and kayaks; carpentry tools;
	■ No □ Yes.	Describe		
10	Firearr Examp ■ No	ns oles: Pistols, rifles, shotguns, ammunitio	on, and related equipment	
	_	Describe		
11	. Clothe Examp □ No	s oles: Everyday clothes, furs, leather coa	ats, designer wear, shoes, accessories	
	Yes.	Describe		
		Clothing		\$60.00
12	□ No	y olios: Everyday jewelry, costume jewelry Describe	y, engagement rings, wedding rings, heirloom jewelry, watches, gems	gold, silver
		Costume jewelry	у	\$50.00
13.	Examp ■ No	rm animals oles: Dogs, cats, birds, horses Describe		
14.	. Any otl ■ No	her personal and household items y	ou did not already list, including any health aids you did not list	
	☐ Yes.	Give specific information		
15			from Part 3, including any entries for pages you have attached	\$760.00
Pa	art 4: De	scribe Your Financial Assets		
D	O VOLLOY	on or have any legal or equitable inte	proof in any of the following?	Current value of the

Current value of the portion you own?

Do not deduct secured claims or exemptions.

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D	ebtor 1 Jayme	L Helffrich		Case number (if known)	
16	□ No			nome, in a safe deposit box, and on hand when you file your petition	
				Cash	\$25.00
17	. Deposits of mor	king, savings, o	r other financial acc	counts; certificates of deposit; shares in credit unions, brokerage houses, and oth ts with the same institution, list each.	er similar
	Yes			Institution name:	
		17.1.	Checking	First State Bank	\$157.00
		17.2.	Savings	First State Bank	\$53.00
18	. Bonds, mutual f	funds, or public	ely traded stocks ent accounts with bi	rokerage firms, money market accounts	
	☐ Yes		Institution or issue	r name:	
19	. Non-publicly tra joint venture	ded stock and	interests in incorp	porated and unincorporated businesses, including an interest in an LLC, pa	rtnership, and
	■ No				
	☐ Yes. Give spe		about them ne of entity:	% of ownership:	
20	Negotiable instru	<i>uments</i> include p	ersonal checks, ca	otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them.	
	Yes. Give spec		about them uer name:		
21.	Retirement or po Examples: Intere			403(b), thrift savings accounts, or other pension or profit-sharing plans	
	Yes. List each		ely. of account:	Institution name:	
22.		l unused deposit	s you have made s	o that you may continue service or use from a company , public utilities (electric, gas, water), telecommunications companies, or others	
	■ Yes			Institution name or individual:	
		Rent		Curt Gretencord	\$400.00
23.	Annuities (A cor	ntract for a period	dic payment of mon	ney to you, either for life or for a number of years)	
	Yes	Issuer nam	e and description.		
24.	Interests in an ed 26 U.S.C. §§ 530			qualified ABLE program, or under a qualified state tuition program.	
	■ No □ Yes	Institution r	name and description	on. Separately file the records of any interests.11 U.S.C. § 521(c):	

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D	ebtor 1	Jayme L Helffrich		Case number (if known)			
25.	. Trusts, ■ No	equitable or future interests in property (ot	ther than anything listed in line 1), and rights or powers exercis	able for your benefit		
	_	Give specific information about them					
26.		s, copyrights, trademarks, trade secrets, and les: Internet domain names, websites, proceed		eements			
		Give specific information about them					
27.		es, franchises, and other general intangible les: Building permits, exclusive licenses, coop		licenses, professional licenses			
		Give specific information about them					
M	oney or _l	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.		
28.		unds owed to you					
	■ No □ Yes.	Give specific information about them, including	whether you already filed the retur	rns and the tax years			
29.		support <i>les:</i> Past due or lump sum alimony, spousal su	upport, child support, maintenance,	divorce settlement, property settl	ement		
	■ No	Give specific information					
		sive opeoine internation					
30.	. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else						
	■ No	Give specific information					
		·					
31.		s in insurance policies les: Health, disability, or life insurance; health s	savings account (HSA); credit, hom	neowner's, or renter's insurance			
		Name the insurance company of each policy ar Company name:		eficiary:	Surrender or refund value:		
32.	If you a	erest in property that is due you from some re the beneficiary of a living trust, expect proce ne has died.	one who has died eeds from a life insurance policy, o	r are currently entitled to receive	property because		
		Give specific information					
33.		against third parties, whether or not you ha les: Accidents, employment disputes, insuranc		and for payment			
		Describe each claim					
34.	Other c	ontingent and unliquidated claims of every	nature, including counterclaims	of the debtor and rights to set	off claims		
		Describe each claim					
35.	Any fin	ancial assets you did not already list					
		Give specific information					

Official Form 106A/B

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Debt	tor 1 Jayme L Helffrich		Case number (if known)	
	Add the dollar value of all of your entries from Part 4, includ for Part 4. Write that number here			\$635.00
Part	5: Describe Any Business-Related Property You Own or Have an Int	terest in. List any real est	ate in Part 1.	
_	o you own or have any legal or equitable interest in any business-rela	ated property?		
_	No. Go to Part 6. Yes. Go to line 38.			
	Tes. Go to alle do.			
Part (Describe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1.	ou Own or Have an Intere	st In.	
46. D	Do you own or have any legal or equitable interest in any farm	n- or commercial fishir	ng-related property?	
ı	No. Go to Part 7.			
Į	Yes. Go to line 47.			
Part 7	7: Describe All Property You Own or Have an Interest in That Y	ou Did Not List Above		i - A A 18 A W Want of The Control o
	Do you have other property of any kind you did not already lis Examples: Season tickets, country club membership	st?		
	No			
	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write t	that number here		\$0.00
Part 8	Eist the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$0.00
56.	Part 2: Total vehicles, line 5	\$4,000.00		
57.	Part 3: Total personal and household items, line 15	\$760.00		
58.	Part 4: Total financial assets, line 36	\$635.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+\$0.00		
62.	Total personal property. Add lines 56 through 61	\$5,395.00	Copy personal property total	\$5,395.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$5 395 AA

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Fi	II in this informa	tion to identify your case):				
De	ebtor 1	Jayme L Helffrich			AND AND AND COLUMN ASSESSMENT OF THE COLUMN ASSESSMENT.		
De	ebtor 2	First Name	Middle Name	i	ast Name		
1	oouse if, filing)	First Name	Middle Name	L	ast Name		
Ur	nited States Bank	ruptcy Court for the: NO	ORTHERN DISTRICT OF	ILLIN	OIS		
	ase number (nown)					☐ Check if this is an amended filing	
\sim	fficial Fass	m 1060				•••	
	fficial Forn		4 37 61				
5	chedule	C: The Prop	erty You Cla	ıım	as Exempt	4/16	
the nee	property you liste	ed on <i>Schedule A/B: Prope</i> attach to this page as many	rty (Official Form 106A/B)	as yo	our source, list the property that you	r supplying correct information. Using claim as exempt. If more space is additional pages, write your name and	
spe any fun exe	ecific dollar amo applicable stati ds—may be unli	unt as exempt. Alternativ utory limit. Some exempl mited in dollar amount. I icular dollar amount and	vely, you may claim the f ions—such as those for lowever, if you claim an	ull fa heal exen	ir market value of the property be th aids, rights to receive certain b nption of 100% of fair market valu	One way of doing so is to state a ing exempted up to the amount of enefits, and tax-exempt retirement e under a law that limits the t, your exemption would be limited	
Pa	rt 1: Identify t	he Property You Claim a	s Exempt				
1.	Which set of ex	cemptions are you claimi	ng? Check one only, eve	n if yo	ur spouse is filing with you.		
	You are claim	ning state and federal nonl	pankruptcy exemptions.	11 U.S	S.C. § 522(b)(3)		
	☐ You are claim	ning federal exemptions.	11 U.S.C. § 522(b)(2)				
2.	For any proper	ty you list on Schedule A	VB that you claim as exe	empt,	fill in the information below.		
		of the property and line on t lists this property	Current value of the portion you own Copy the value from		ount of the exemption you claim ck only one box for each exemption.	Specific laws that allow exemption	
	2006 Chevrol	et Malibu 148,100 mile	Schedule A/B			735 ILCS 5/12-1001(c)	
	Line from Scheo		\$4,000.00			,	
					100% of fair market value, up to any applicable statutory limit		
	Household fu	rniture and furnishing	ls \$650.00		\$650.00	735 ILCS 5/12-1001(b)	
	Line from Scheo	lule A/B: 6.1			100% of fair market value, up to		
					any applicable statutory limit		
	Clothing		\$60.00	•	\$60.00	735 ILCS 5/12-1001(a)	
	Line from Sched	Line from Schedule A/B: 11.1			100% of fair market value, up to		
.,					any applicable statutory limit		
	Costume jew	-	\$50.00		\$50.00	735 ILCS 5/12-1001(b)	
	Line nom Sched	Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit		
	Cash Line from Scheo	lulo A/P: 16 1	\$25.00		\$25.00	735 ILCS 5/12-1001(b)	
	ane nom sched	ule A/D. 19.1			100% of fair market value, up to any applicable statutory limit		

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Debtor 1 Jayme L Helffrich		Case number (if known)					
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amo Che	Specific laws that allow exemption				
Checking: First State Bank Line from Schedule A/B: 17.1	\$157.00		\$157.00	735 ILCS 5/12-1001(b)			
Line from Schedule AVB. 17.1			100% of fair market value, up to any applicable statutory limit				
Savings: First State Bank Line from Schedule A/B: 17.2	\$53.00		\$53.00	735 ILCS 5/12-1001(b)			
Line from Schedule AVB. 11.2			100% of fair market value, up to any applicable statutory limit				
Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and eve No			ed on or after the date of adjustme	nt.)			
Yes, Did you acquire the property cov	ered by the exemption wit	thin 1,	215 days before you filed this case	?			
□ No							
∏ Vac							

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			Document	Page 1	01 45		
Fill	in this informa	tion to identify you	ır case:				
Del	otor 1	Jayme L Helffri	ch				
		First Name	Middle Name	Last Name			
1	otor 2 puse if, filing)	First Name	Middle Name	Last Name			
Uni	ted States Bankı	ruptcy Court for the	NORTHERN DISTRICT OF IL	LINOIS			
Case number (if known)							if this is an ded filing
Off	icial Form	106D					
Sc	hedule D	: Creditors	Who Have Claims	Secured	by Propert	у	12/15
is ne			If two married people are filing toget out, number the entries, and attach i				
1. Do	any creditors ha	ve claims secured by	y your property?				
	□ No. Check th	is box and submit t	his form to the court with your othe	er schedules. Yo	u have nothing else t	o report on this form.	
	Yes. Fill in al	l of the information	below.				
Par	t 1: List All S	Secured Claims					\$\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
			more than one secured claim, list the cr		Column A	Column B	Column C
			a particular claim, list the other credito cal order according to the creditor's nar		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1	Illinois Valley Credit Union		Describe the property that secures the claim:		\$4,558.00	\$4,000.00	\$558.00
	Creditor's Name		2006 Chevrolet Malibu 148,	,100 miles			
	2107 Marque Peru, IL 613		As of the date you file, the claim is apply. Contingent	: Check all that			
	Number, Street, Cit	ly, State & Zip Code	Unliquidated				
Who	o owes the debt	? Check one.	☐ Disputed Nature of lien. Check all that apply.				
_	Debtor 1 only		An agreement you made (such as car loan)	s mortgage or secu	red		
	Debtor 2 only Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, m	echanic's lien)			
		debtors and another	☐ Judgment lien from a lawsuit	echanic s herry			
	Check if this clain community debt		Other (including a right to offset)	Security Ag	reement		
Date	e debt was incurre	ed 12/29/2014	Last 4 digits of account nur	mber <u>9008</u>	••••		
		•	olumn A on this page. Write that nur		\$4,55	8.00	
	this is the last pag rite that number h		the dollar value totals from all pages	S.	\$4,55	8.00	
Des	Lint Other	e to Do Notified fo	r a Dobt That You Already Lister	d			

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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			Docum	ciil i agc 1	.0 01 43		
Fill ir	this inform	nation to identify your c	ase:	100			
Debto	or 1	Jayme L Helffrich					
2020		First Name	Middle Name	Last Name			
Debto							
(Spous	e if, filing)	First Name	Middle Name	Last Name			
Unite	d States Bar	nkruptcy Court for the:	NORTHERN DISTRIC	F OF ILLINOIS			
Case	number						
(if know							Check if this is an
					VALUE 101		amended filing
Offic	sial Earm	106E/E					
		<u>106E/F</u> /F: Conditors W/	ممحمدا المتحالات	al Claima			12/15
		/F: Creditors Wh			D-4 0 f 1 f		ims. List the other party to
Schedu Schedu eft. Att name a	ule G: Executule D: Credito tach the Cont and case num	racts or unexpired leases theory Contracts and Unexpirors Who Have Claims Secutinuation Page to this page ther (if known).	ed Leases (Official Form ed by Property. If more s If you have no informati	106G). Do not include pace is needed, copy	any creditors with p the Part you need, f	partially secured claim ill it out, number the e	s that are listed in ntries in the boxes on the
		rs have priority unsecured				18 M 18 M 19 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	No. Go to Pa	• •	ommo agamot you.				
	Yes	ar					
	- 100.	of Your NONPRIORITY	Unsecured Claims				
		rs have nonpriority unsecu		,			
	•	e nothing to report in this par	9 ,	our with your other sch	adulas		
	_	e nothing to report in this par	a. Submit this form to the or	out with your other son	edules.		
	Yes.						
un th:	secured claim	nonpriority unsecured clainglist the creditor separately for holds a particular claim, list	or each claim. For each cla	im listed, identify what	type of claim it is. Do	not list claims already in	cluded in Part 1. If more
							Total claim
4.1	Ameren	Illinois	Last 4 digit	s of account number	1505		\$488.00
		Creditor's Name	. When wen	the debt incurred?			
		jon Collection Agenc ring Mountain Rd	when was	ate dept incurred t			_
	Las Veg	as, NV 89117-4113					
		reet City State Zlp Code	As of the da	ate you file, the claim	is: Check all that app	ly	
	_	red the debt? Check one.					
	Debtor ·	•	☐ Continge				
	Debtor 2	•	Uniiquida				
		1 and Debtor 2 only	☐ Disputed				
		one of the debtors and anoth	——————————————————————————————————————	NPRIORITY unsecure	d claim:		
	☐ Check i	if this claim is for a commu	_			altinomer Albanda in altitude in	
		n subject to offset?	☐ Obligation report as pri		aration agreement or o	divorce that you did not	
	■ No		Debts to	pension or profit-sharin	ig plans, and other sir	nilar debts	
	☐ Yes		Other S	pecify Utilities			
	= =		Other. O	, , , , , , , , , , , , , , , , , , , ,			ree.

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Debtor 1 Jayme L Helffrich

Case number (if know)

4.2	Community Hospital of Ottawa	Various Last 4 digits of account number Accounts	\$1,195.00				
	Nonpriority Creditor's Name 1100 E Norris Dr	When was the debt incurred?					
	Ottawa, IL 61350	When was the dept inculied?					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that yo report as priority claims	u did not				
	■ No	Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	Other. Specify Medical					
1.3	Dish Network	Last 4 digits of account number	\$148.00				
	Nonpriority Creditor's Name c/o Stellar Recovery 1327 Highway 2 West 100 Kalispell, MT 59901	When was the debt incurred?					
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.	☐ Contingent					
	Debtor 1 only	_					
	Debtor 2 only	■ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:					
	At least one of the debtors and another	Student loans					
	LI Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you report as priority claims	u did not				
	■ No	Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	Other. Specify Cable					
.4	EPIC Morris Hospital	Last 4 digits of account number	\$50.00				
	Nonpriority Creditor's Name 150 W High St	When was the debt incurred?					
	Morris, IL 60450 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	Debtor 1 only	☐ Contingent	☐ Confingent				
	Debtor 2 only	■ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you report as priority claims	did not				
	No	Debts to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify Medical					

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Debto	r 1 Jayme L Helffrich	Case number (if know)	amida a mada a mida a mana a mida a mada a a a mada a a a mida de de d
4.5	EPIC Morris Hospital Nonpriority Creditor's Name	Last 4 digits of account number	\$50.00
	150 W High St Morris, IL 60450	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	■ Unliquidated	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical	
4.6	Illinois Valley Community Hospital Nonpriority Creditor's Name	Last 4 digits of account number	\$650.00
	925 West St	When was the debt incurred?	
	Peru, IL 61354-2799 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	■ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Medical	
4.7	Illinois Valley Community Hospital Nonpriority Creditor's Name	Last 4 digits of account number	\$14.00
4.7	925 West St Peru, IL 61354	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , ,	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Other. Specify Medical	

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Illinois Valley Community Hospital Nonprority Creditors Name \$9,948.00	Debtor	¹ Jayme L Helffrich	Case number (if know)	
925 West St Peru, IL 61354 Number Street City State Zip Code Who Incurred the delta' Check one. Debtor 1 endy	4.8	Illinois Valley Community Hospital	Last 4 digits of account number	\$9,948.00
Number Street City State Zip Code Who Incurred the debt? Chesk one. Debter 2 only		925 West St	When was the debt incurred?	
Debtor 2 only		Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Debtor 1 and Debtor 2 only		Debtor 1 only	☐ Contingent	
At least one of the debtors and another Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim subject to offset? Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if the claim is: Check all that apply Check if the claim subject to offset? Check if the claim is: Check all that apply Check if the claim is the claim is: Check all that apply Check if the claim is: Check if that apply Check if the claim is: Check if that apply Check if this claim is for a community debt Check if this claim is for a community debt Check if the claim is: Check if the claim is: Check if that apply Check if the claim subject to offset? Check if the claim is: Check if that apply Check if the claim is: Check if		☐ Debtor 2 only	Unliquidated	
Check if this claim is for a community debt Check is the claim subject to offset? Check is the claim is check is the claim is check is the claim subject to offset? Check is the claim subject to offs		☐ Debtor 1 and Debtor 2 only	☐ Disputed	
Content in the claim is for a community debt continuency claims co		☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Is the claim subject to offset? Post		☐ Check if this claim is for a community	☐ Student loans	
Pyes				
Milinois Valley Community Hospital Last 4 digits of account number \$148.00		■ No	Debts to pension or profit-sharing plans, and other similar debts	
Nonpriority Creditor's Name 925 West St Peru, IL 61354 Number Street City State Zip Code Who Incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Street City State Zip Code Who Incurred the debt? Illinois Valley Community Hospital Nonpriority Creditor's Name 925 West St Peru, IL 61354 Number Street City State Zip Code Who Incurred the debt? Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 1 only Debtor 2 only Student loans Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Student loans Debtor 1 only Debtor 1 only Debtor 2 only Student loans Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 2 only Disputed Debtor 1 only Debtor 2 only Disputed Debtor 1 onle of the debtors and another Check if this claim is for a community debt Student loans Debtor 2 only Debtor 2 only Debtor 2 only Disputed Debtor 2 only Debtor 3 onle on the debtors and another Debtor 3 onle on the debtors and another Debtor 4 onle on the debtors and another Debtor 5 onle on the debtors and another Debtor 6 on the debtors and another Debtor 7 onle on the debtors and another Debtor 8 onle on the debtors and another Debtor 9 onle on the debtors and anot		Yes	Other. Specify Medical	
925 West St Poru, IL 61354 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 fits claim is for a community debt Is the claim subject to offset? No Debtor Syes Syes Syes When was the debt incurred? As of the date you file, the claim is: Check all that apply At least one of the debtors and another Student loans Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 st he claim is for a community Debtor 1 st he claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Milinois Valley Community Hospital Last 4 digits of account number S1,180.00 When was the debt incurred? Peru, IL 61354 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Student loans Debts to pension or profit-sharing plans, and other similar debts Student loans Debts to pension or profit-sharing plans, and other similar debts Student loans Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debt	4.9		Last 4 digits of account number	\$148.00
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only			When was the debt incurred?	
Who incurred the debt? Check one. Debtor 1 only			As a file data you file the plains in Charle all the Land.	
Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? Other. Specify Illinois Valley Community Hospital Nonpriority Creditor's Name Peru, IL 61354 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? In Octoor I support of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 only Debtor 2 only Debtor 3 and Debtor 2 only Contingent Student loans Debtor 3 only Debtor 3 as priority claims Student loans Student loans Debtor 3 only Debtor 3 as priority claims Student loans Debtor 3 only Debtor 3 only Debtor 4 and Debtor 5 only Debtor 3 only Debtor 4 and Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Disputed Disputed Type of NonPRIORITY unsecured claim: Student loans Student loans Debtor 6 only Debtor 7 only Disputed Type of NonPRIORITY unsecured claim: Student loans Debtor 6 only 6 object of a separation agreement or divorce that you did not report as priority claims report as priority claims		•	As of the date you me, the claim is. Check an mat apply	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Other. Specify No Yes Other. Specify Medical Nonpriority Creditor's Name 925 West St Peru, IL 61354 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? NonPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 only Disputed			Contingent	
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Is the claim subject to offset? report as priority claims No			Obligations arising out of a separation agreement or divorce that you did not	
Yes		Is the claim subject to offset?	report as priority claims	
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Nonpriority Creditor's Name 925 West St Peru, IL 61354 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check iff this claim is for a community debt Is the claim subject to offset? No Sas 4 digits of account number State 4 digits of account number As of the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Debts of NoPRIORITY unsecured claim: State A digits of account number State 1 debt incurred? State 1 debt incurred? State 2 debt incurred? State 3 debt incurred? State 3 debt incurred? State 4 digits of account number State 3 debt incurred? Debts of Account number State 4 digits of account number State 3 debt incurred? As of the claim is: Check all that apply Contingent number State 3 debt incurred? State 4 digits of account number State 3 debt incurred? As of the claim is: Check all that apply Contingent number State 3 debt incurred? As of the claim is: Check all that apply As of the claim is: Check all that apply Contingent number State 3 debt incurred? As of the		Yes	Other. Specify Medical	
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Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts do pension or profit-sharing plans, and other similar debts		925 West St	When was the debt incurred?	
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		■ Debtor 1 only	☐ Contingent	
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		•	■ Unliquidated	
□ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts			_ ` '	
□ Check if this claim is for a community debt Is the claim subject to offset? No □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		*	•	
debt Is the claim subject to offset? In No Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts			☐ Student loans	
■ No □ Debts to pension or profit-sharing plans, and other similar debts		debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
☐ Yes				
		☐ Yes	■ Other Specify Medical	

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Debtor	1 Jayme L Helffrich		Case number (if know)	
4.1				
1	OSF Saint Elizabeth Medical Cente	Last 4 digits of account numb	per	\$350.00
	Nonpriority Creditor's Name 1100 E Norris Dr Ottawa, IL 61350	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the cla	im is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsect	ured claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?		eparation agreement or divorce that you did not	
	■ No		aring plans, and other similar debts	
	□ Yes	Other Specify Medical		
Part 3	List Others to Be Notified About a De	oht That You Alroady Lietod		
			at you already listed in Davis 4 and Consuming 15	a collection server
is tryi have ı	ng to collect from you for a debt you owe to s	omeone else, list the original credito at you listed in Parts 1 or 2, list the a	at you already listed in Parts 1 or 2. For example, if ir in Parts 1 or 2, then list the collection agency her dditional creditors here. If you do not have addition	e. Similarly, if you
	nd Address	On which entry in Part 1 or Part 2 did	· =	
PO Bo	tion Professionals	Line 4.6 of (Check one):	Part 1: Creditors with Priority Unsecured Claims	
	le, IL 61301		Part 2: Creditors with Nonpriority Unsecured Claim	าธ
	•	Last 4 digits of account number		
Name ar	nd Address	On which entry in Part 1 or Part 2 did	you list the original creditor?	
	tion Professionals	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
PO Bo			Part 2: Creditors with Nonpriority Unsecured Clain	าธ
La Sai	le, IL 61301	Last 4 digits of account number		
Name ar	nd Address	On which entry in Part 1 or Part 2 did	you list the original creditor?	
	tion Professionals	Line 4.8 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
PO Bo			Part 2: Creditors with Nonpriority Unsecured Clain	าธ
La Sai	le, IL 61301	Last 4 digits of account number		
Name ar	nd Address	On which entry in Part 1 or Part 2 did y	you list the original creditor?	
	tion Professionals	Line 4.9 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
PO Bo			Part 2: Creditors with Nonpriority Unsecured Clain	าร
La Sai	le, IL 61301	Last 4 digits of account number		
Nama ar	nd Address	On which entry in Part 1 or Part 2 did y	you list the original creditor?	
	tion Professionals	Line 4.10 of (Check one):	Part 1: Creditors with Priority Unsecured Claims	
РО Во			Part 2: Creditors with Nonpriority Unsecured Claim	าร
La Sal	le, IL 61301	Last 4 digits of account number		
Name ar	nd Address	On which entry in Part 1 or Part 2 did y	you list the original creditor?	
Credit	ors Discount & Audit	Line 4.11 of (Check one):	Part 1: Creditors with Priority Unsecured Claims	
415 E			Part 2: Creditors with Nonpriority Unsecured Claim	ns .
PO Bo	x 213 or, IL 61364			
Jucat	5., 12 3100T	Last 4 digits of account number		
Name ar	nd Address	On which entry in Part 1 or Part 2 did y	you list the original creditor?	
	ors Discount & Audit	Line 4.4 of (Check one):	Part 1: Creditors with Priority Unsecured Claims	
415 E			Part 2: Creditors with Nonpriority Unsecured Claim	ns
PO Bo Streate	x 213 or, IL 61364			
σασαυ	0., i= 01007	Last 4 digits of account number		

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Debtor 1 Jayn	ne L	Helffrich		Case n	umber (ir	know)	
Name and Addres Creditors Dis 415 E Main PO Box 213 Streator, IL 6	coun	at & Audit	On which entry in Part 1 or Part 2 did yo Line 4.5 of (<i>Check one</i>):	☐ Part 1: (Creditors w	itor? ith Priority Unsecured Claims ith Nonpriority Unsecured Claims	
			Last 4 digits of account number				
Name and Addres Law Office of 155 W North S PO Box 10 Manhattan, IL	Micl St	nael R Naughton 42		☐ Part 1: (Creditors w	itor? ith Priority Unsecured Claims ith Nonpriority Unsecured Claims	
N d Add				(2-4-4)		40	_
Name and Addres Robert B Stee Aplington Kar Steele PO Box 517 La Salle, IL 69	ele ufma			☐ Part 1: (Creditors w	ith Priority Unsecured Claims ith Nonpriority Unsecured Claims	
			Last 4 digits of account number				
Name and Addres Robert B Stee Attorney at La PO Box 517 La Salle, IL 61	ele aw	0517		☐ Part 1: 0	Creditors w	itor? ith Priority Unsecured Claims ith Nonpriority Unsecured Claims	
La Jane, IL O	1301-	0011	Last 4 digits of account number				
Name and Address Robert B Stee Attorney at La PO Box 517	ele			☐ Part 1: 0	Creditors w	itor? ith Priority Unsecured Claims ith Nonpriority Unsecured Claims	
La Salle, IL 61	1301-	0517	Last 4 digits of account number				
Name and Address Robert B Stee Attorney at La PO Box 517	ele aw	0547	On which entry in Part 1 or Part 2 did yo Line 4.9 of (Check one):	☐ Part 1: 0	Creditors w	itor? ith Priority Unsecured Claims ith Nonpriority Unsecured Claims	
La Salle, IL 61	1301-	U51 <i>7</i>	Last 4 digits of account number				
Part 4: Add t	he Ar	nounts for Each Type of U	nsecured Claim				
	nts of	certain types of unsecured cla		l reporting	purposes	only. 28 U.S.C. §159. Add the amounts for each	
	_			_		Total Claim	
Total	6a.	Domestic support obligation	s	6a.	\$	0.00	
claims from Part 1	6b.	Taxes and certain other deb		6b.	\$	0.00	
	6c. 6d.	•	I injury while you were intoxicated secured claims. Write that amount here.	6c. 6d.	\$ 	0.00 0.00	
	ou.	Serion you an older priority and	obbatta bianno. Vinto trat attoura noto.	ou.		0.00	
	6e.	Total Priority. Add lines 6a th	rough 6d.	6e.	\$	0.00	
	O.f	Chudant le		~4		Total Claim	
Total	6f.	Student loans		6f.	\$	0.00	
claims from Part 2	6g. 6h.	you did not report as priority	separation agreement or divorce that / claims aring plans, and other similar debts	6g. 6h.	\$	0.00	
	6i.	,	y unsecured claims. Write that amount	6i.	\$	14,221.00	
					[

\$

14,221.00

Total Nonpriority. Add lines 6f through 6i.

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Debtor 1 Jayme L Helffrich

Case number (if know)

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Fill in	this info	rmation to identify yo	ur case:				
Debto	r 1	Jayme L Helffr	ich				
Debto	r 2	First Name	Middle	Name	Łast Name		
	if, filing)	First Name	Middle	Name	Last Name		
United	d States B	sankruptcy Court for the	e: NORTHE	RN DISTRICT OF	ILLINOIS	,	
Case (if know	number n)						☐ Check if this is an amended filing
1						1	arrienced filling
Offic	cial Fo	orm 106G					
Sch	edule	G: Executo	ry Conti	racts and	Unexpired Lease	S	12/15
inform	ation. If n	and accurate as pos nore space is needed s, write your name ar	l, copy the add	litional page, fill i	filing together, both are equa t out, number the entries, and	lly responsible attach it to this	for supplying correct page. On the top of any
1. D	o you hav	ve any executory con	tracts or unex	pired leases?			
_	_				er schedules. You have nothing uses are listed on <i>Schedule A/B:</i>	· ·	
					the contract or lease. Then sta		
ех	cample, re				this form in the instruction book		
F	Person or	company with whom Name, Number, Street,			State what the contrac	t or lease is for	
2.1	Nama						
	Name						
-	Number	Street					
	City		State	ZIP Code			
2.2	Name						
-	Number	Street					
-	City		State	ZIP Code			
2.3	Name		. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Number	Street					
	City		State	ZIP Code			
2.4	Name				<u> </u>		
_							
	Number	Street					
2.5	City		State	ZIP Code		***************************************	er af er er e verd 1-500 f. det doct for illen af 600 f.000 til a steam væren en men en men en men en men en m
	Name						
-	Number	Street					
	City		State	ZIP Code			

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		Bood	mont rago 20	00	
Fill in this	s information to identify you	r case:			
Debtor 1	Jayme L Helffric	h Middle Name	Last Name		
Debtor 2 (Spouse if, fil	ling) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	NORTHERN DISTRIC	CT OF ILLINOIS		
Case num (if known)	nber				☐ Check if this is an amended filing
	al Form 106H dule H: Your Cod	lebtors			12/15
people are fill it out, a	e filing together, both are equ	ually responsible for sue boxes on the left. Atta	pplying correct information the Additional Page to	on. If more space is	rate as possible. If two married needed, copy the Additional Page, op of any Additional Pages, write
1. Do	you have any codebtors? (if	you are filing a joint case	e, do not list either spouse	as a codebtor.	
■ No					
	chin the last 8 years, have yo na, California, Idaho, Louisiana				ty states and territories include)
_	. Go to line 3. s. Did your spouse, former spo	use, or legał equivalent li	ive with you at the time?		
in line Form	e 2 again as a codebtor only	if that person is a guara	antor or cosigner. Make s	ure you have listed t	ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and 2	#P Code		Column 2: The cr Check all schedul	editor to whom you owe the debt es that apply:
3.1	Name			☐ Schedule D, lir ☐ Schedule E/F, ☐ Schedule G, lir	line
	Number Street City	State	ZIP Code		
3.2	Name			☐ Schedule D, lir ☐ Schedule E/F, ☐ Schedule G, lir	line
	Number Street City	State	ZIP Code	-	

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	in this information to identify your co	390		(15.00k) (10.5					
	btor 1 Jayme L Hel		el metado proprior de altra se antigar de la contra contra de la contra de la contra de la contra de la contra	Termine Day Tro					
	btor 2 puse, if filing)								
Un	ited States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS						
	se number nown)		-		-	Check if this is: An amende A supplement	nt showin	g postpetition	
O	fficial Form 106l					MM / DD/ Y		mowing date.	
	chedule I: Your Inc	ome				IVRVI / DD/ Y	* * * *		12/15
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.	are married and not filing wi	ng jointly, and your s ith you, do not includ	pouse le infor	is livi matic	ng with you, inclu on about your spo	ude inforr use. If me	nation about ore space is	your needed,
1.	Fill in your employment information.	Debtor 1			Debtor 2 or non-filing spouse				
a in	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed	■ Employed			yed		
		Employment status	☐ Not employed			☐ Not er	mployed		
	employers.	Occupation	Secretary						
	Include part-time, seasonal, or self-employed work.	Employer's name	Leipold Motor S	ales					
	Occupation may include student or homemaker, if it applies.	Employer's address	1720 E Norris Dr Ottawa, IL 61350						
		How long employed to	here? 14 years	3					
Par	Give Details About Mon	thly Income							
	mate monthly income as of the dause unless you are separated.	ate you file this form. If y	you have nothing to re	port for	any li	ne, write \$0 in the	space. Ind	dude your nor	n-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	for all e	emplo	yers for that perso	n on the li	nes below. If y	you need
					:	For Debtor 1		btor 2 or ng spouse	
2.	List monthly gross wages, salar deductions). If not paid monthly, or			2.	\$	2,105.00	\$	N/A	
3.	Estimate and list monthly overti	me pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	e 2 + line 3.		4.	\$	2,105.00	\$	N/A	

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For Debtor 1 For Debtor 2 or mort-filling spouse	Deb	tor 1	Jayme L Helffr	ich		С	ase number (if kno	wn)				
5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandator, contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. Soc. Soc. Soc. Soc. N/A 5d. Required repayments of retirement fund loans 5d. Soc. Soc. Soc. Soc. Soc. N/A 5d. Domestic support obligations 5d. Soc. Soc. Soc. Soc. N/A 5d. Domestic support obligations 5d. Soc. Soc. Soc. Soc. N/A 5d. Union dues 5d. Soc. Soc. Soc. Soc. N/A 6d. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5d						1			non	Acceptance for many many	pouse	
5a. Tax, Medicare, and Social Socurity deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions of 5c. \$0.000 \$ N/A 5c. Insurance 5c. Insurance 5c. Domestic support obligations 5c. In lond duse 5c. Voluntary contributions (5c. \$0.000 \$ N/A 5c. Insurance 5c. In lond duse 5c. Voluntary (5c. \$0.000 \$ N/A 5c. Insurance 5c. Voluntary (5c. \$0.000 \$ N/A 5c. Insurance 5c. Voluntary (5c. \$0.000 \$ N/A 5c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8d. Net income from rental property and from operating a business, Altach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support, perments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce softlement, and property settlement. 8c. \$0.000 \$ N/A 8c. Social Security 8c.		Copy	y line 4 here		4.	;	\$ 2,105.	00	\$		N/	A
5. Mandatory contributions for retirement plans 5. 0.00 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+6d+5a+5f+5g+6h. 6. \$ 475,00 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+6d+5a+5f+5g+6h. 6. \$ 475,00 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+6d+5a+5f+5g+6h. 6. \$ 475,00 \$ N/A 6. List all other income regularly received. 6. List all other income regularly received. 6. List all other income regularly received. 6. Not income from rental property and from operating a business, profession, or farm 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5g+5g+6h. 6. \$ 475,00 \$ N/A 6. Not income from rental property and from operating a business, profession, or farm 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5g+5g+6h. 6. \$ 475,00 \$ N/A 6. Not income from rental property and from operating a business, profession, or farm 6. Social section of the folial monthly received and dividends 6. Family support payments that you, a non-filing spouse, or a dependent regularly receive 6. Social Security 6. Social Security 6. Other government assistance that you regularly receive 6. Social Security 7. She folial security income. Add lines folial sunder the Supplemental Nutrition Assistance Program or housing subsidies. 7. Specify 7. She folial sunder the Supplemental Nutrition Assistance Program or housing subsidies. 7. Specify 8. Parisiston or retirement income 8. Social Security 8. O.00 \$ N/A 8. D.00 \$ N/A 8.	5.	List	all payroll deduc	tions:								
55. Mandatory contributions for retirement plans 55. \$ 0.00 \$ N/A		5a.	Tax, Medicare,	and Social Security deductions	5a.	;	\$ 475.	00	\$		N/	Α
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			Yes. Explain:									

Case 16-27919 Doc 1 Filed 08/31/16 Entered 08/31/16 10:45:09 Desc Main Document Page 29 of 45

Fil	I in this information to identify your case:				
De	btor 1 Jayme L Helffrich		Che	eck if this is:	
De	btor 2			An amended filing A supplement show	ving postpetition chapter
(SI	pouse, if filing)			13 expenses as of	the following date:
Un	ited States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLII	NOIS		MM / DD / YYYY	
	se number	The second secon			
(11	known)				
\circ	official Form 106J				
	chedule J: Your Expenses				12/15
Be	e as complete and accurate as possible. If two married people a formation. If more space is needed, attach another sheet to this imber (if known). Answer every question.				
_	nt 1: Describe Your Household				
1.	Is this a joint case? No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expense</i>	s for Separate Househo	old of De	btor 2.	
2.	Do you have dependents? No				
	Do not list Debtor 1 and	Dependent's relation Debtor 1 or Debtor 2	: `	Dependent's age	Does dependent live with you?
	Do not state the dependents names.				□ No □ Yes
	adjoind numee.				□ No
			*****************************	<u>\</u>	☐ Yes
					□ No □ Yes
					□ No
					☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				
	rt 2: Estimate Your Ongoing Monthly Expenses				
ex	timate your expenses as of your bankruptcy filing date unless penses as of a date after the bankruptcy is filed. If this is a sup plicable date.				
	clude expenses paid for with non-cash government assistance		2-1-1-2-1		
	e value of such assistance and have included it on <i>Schedule I</i> : fficial Form 106I.)	Tour income	14.71	Your expe	inses
4.	The rental or home ownership expenses for your residence, payments and any rent for the ground or lot.	Include first mortgage	4.	\$	400.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	·	0.00
	4b. Property, homeowner's, or renter's insurance			\$	0.00
	Home maintenance, repair, and upkeep expenses Homeowner's association or condominium dues		4c. 4d.	\$	0.00
5.	Additional mortgage payments for your residence, such as h	ome equity loans	5,		0.00

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Deb	otor 1	Jayme L Helffrich	Case nun	nber (if known)	
6.	Utilit	ies:			
٠.	6a.	Electricity, heat, natural gas	6a.	\$	100.00
	6b.	Water, sewer, garbage collection	6b.	\$	0.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	207.00
	6d.	Other. Specify:	6d.	\$	0.00
7.	Food	l and housekeeping supplies	7.	\$	225.00
8.		Icare and children's education costs	8.	\$	0.00
9.		ning, laundry, and dry cleaning	9.	\$	20.00
10.		onal care products and services	10.	\$	10.00
11.	Medi	cal and dental expenses	11.	\$	30.00
12.	Trans	sportation. Include gas, maintenance, bus or train fare.			
		ot include car payments.	12.	\$	109.00
13.	Enter	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Char	itable contributions and religious donations	14.	\$	0.00
15.	insur				
		ot include insurance deducted from your pay or included in lines 4 or 20.			
		Life insurance	15a.		0.00
	15b.	Health insurance	15b.	\$	241.00
	15c.	Vehicle insurance	15c.	\$	50.00
	15d.	Other insurance. Specify:	15d.	\$	0.00
16.		s. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	Speci		16.	\$	0.00
17.		liment or lease payments:			
		Car payments for Vehicle 1	17a.	· ————	163.00
		Car payments for Vehicle 2	17b.	·	0.00
		Other. Specify:	17c.		0.00
		Other, Specify:	17d.	\$	0.00
18.		payments of alimony, maintenance, and support that you did not report as		\$	0.00
40		cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	10.	\$	
19.	Speci	r payments you make to support others who do not live with you.	19.	Ψ	0.00
20		r real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i>	4 14 4 4 5 5 5 5	our Income	
20.		Mortgages on other property	20a.		0.00
		Real estate taxes	20b.	Accession to Anti-Proceedings & Sant & 477 a. / a 107	0.00
	20c.	Property, homeowner's, or renter's insurance	20c.		0.00
		Maintenance, repair, and upkeep expenses	20d.		0.00
		Homeowner's association or condominium dues	20a.	,.,	0.00
21				Ψ +\$	
21.	Other	r: Specify:	Z1.	1.0	0.00
22.	Calcu	ılate your monthly expenses			
	22a. /	Add lines 4 through 21.		\$	1,555.00
	22b. (Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. /	Add line 22a and 22b. The result is your monthly expenses.		\$	1,555.00
		• • •			
23.		slate your monthly net income.			
		Copy line 12 (your combined monthly income) from Schedule I.	23a.		1,630.00
	23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	1,555.00
	23c.	Subtract your monthly expenses from your monthly income.	23c.	s	75.00
		The result is your monthly net income.	200.		
24	Do vo	ou expect an increase or decrease in your expenses within the year after y	ou file this	s form?	
_ T.		ample, do you expect to finish paying for your car loan within the year or do you expect you			decrease because of a
		cation to the terms of your mortgage?	0.0	· ·	
	■ No).			
	ПУ	Explain here:			

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Fill in Alain info					
Fili in this inform	nation to identify you	r case:			
Debtor 1	Jayme L Helffric	h Middle Name	Łasi Name		
Debtor 2	i nat ivanie	Midule Maine	Cast Hattie		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number (if known)				E	☐ Check if this is an amended filing
Official Form	106Dec				
		an Individual	Debtor's So	hedules	12/15
•	3 U.S.C. §§ 152, 1341, Below	1519, and 3571.			
Did you pay	or agree to pay som	eone who is NOT an attorr	ney to help you fill out b	pankruptcy forms?	
■ No					
☐ Yes. N	ame of person		All a task a local and the second an		Petition Preparer's Notice, gnature (Official Form 119)
	ty of perjury, I declar true and correct.	e that I have read the summ	nary and schedules file	ed with this declaration and	
Jayme I Signature	L Helffrich e of Debtor 1	(00	Signature of	Debtor 2	
Date	8-30-11	O	Date		

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Fill in this inform	mation to identify your	case:				
Debtor 1	Jayme L Helffrich					
Debtor 2	First Name	Middle Name		Last Name		
(Spouse if, filing)	First Name	Middle Name		Last Name		
United States Ba	inkruptcy Court for the:	NORTHERN DIS	TRICT OF IL	LINOIS		
Case number (if known)						Check if this is an amended filing
Official Fo		n for Indiv	/iduals	Filing Under Ch	napter 7	12/15
	vidual filing under cha e claims secured by yo		ll out this fo	rm if:		
You must file this	ver is earlier, unless th	ithin 30 days after	you file you	ır bankruptcy petition or by the ause. You must also send copi		
	cople are filing together d date the form.	in a joint case, bo	oth are equa	lly responsible for supplying c	orrect information	. Both debtors must
	and accurate as possib our name and case nun		s needed, at	tach a separate sheet to this fo	orm. On the top of	any additional pages,
Part 1: List Yo	our Creditors Who Have	Secured Claims				
information be				Who Have Claims Secured by l you intend to do with the propo a debt?	erty that Did	Form 106D), fill in the you claim the property xempt on Schedule C?
	linois Valley Credit U	nion		der the property.		lo
name:				the property and redeem it. the property and enter into a	■ Y	'es
Description of property securing debt:	2006 Chevrolet Ma miles	libu 148,100		rmation Agreement. the property and [explain]:		
Scouring debt.						
For any unexpire in the information	n below. Do not list rea	ise that you listed I estate leases. Un	expired leas	e G: Executory Contracts and L ses are leases that are still in e does not assume it. 11 U.S.C. §	ffect; the lease pe	
Describe your u	nexpired personal prop	erty leases			Will the I	ease be assumed?
Lessor's name:	nead.				□ No	
Description of lea Property:	iocu				☐ Yes	
Lessor's name: Description of lea	hazı				□ No	
Property:	ocu				☐ Yes	
Lessor's name:					□ No	
Official Form 108		Statement of In	ntention for	ndividuals Filing Under Chapte	er 7	page 1

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Debtor 1 Jayme L Helffrich	Case number (if known)
Description of leased Property:	☐ Yes
Lessor's name: Description of leased Property:	□ No
Lessor's name: Description of leased Property:	□ No
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention property that is subject to an unexpired lease. X Jayme L Helfrich Signature of Debtor 1	about any property of my estate that secures a debt and any personal X Signature of Debtor 2
Date 8-30-16	Date

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In re Jayme L Helffrich

Debtor(s)

Case No.
Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

		Ecocite of con	II BI (BIII OI OI III .		222021(0)
١.	compensation paid to n	ne within one year before th	. 2016(b), I certify that I am the a he filing of the petition in bankru lation of or in connection with th	ptcy, or agreed to be pa	nid to me, for services rendered or to
	For legal services,	, I have agreed to accept		\$	935.00
	Prior to the filing	of this statement I have rec	eived	\$	935.00
	Balance Due			\$	0.00
2.	The source of the comp	pensation paid to me was:			
	Debtor	☐ Other (specify):			
3.	The source of compens	sation to be paid to me is:			
	Debtor	Other (specify):			
4.	I have not agreed to	o share the above-disclosed	compensation with any other pe	rson unless they are me	embers and associates of my law firm
			npensation with a person or persthe names of the people sharing i		ers or associates of my law firm. A attached.
5.	In return for the above-	-disclosed fee, I have agree	d to render legal service for all a	spects of the bankrupte	y case, including:
	 b. Preparation and filing. c. Representation of the discrete discre	ng of any petition, schedule the debtor at the meeting of s needed] s with secured creditor	ications as needed; prepara	which may be required; ng, and any adjourned h ; exemption plannin	nearings thereof;
6.	Representat		sed fee does not include the follony dischargeability actions,		nces, relief from stay actions or
			CERTIFICATION		arge.
	I certify that the forego s bankruptcy proceeding. Date \$\frac{3}{2}\$		William T. Su Signature of Ata Armstrong & 724 Columbu Ottawa, IL 61	rin 02777622 torney Surin s St 350-5002 Fax: 815-434-5338 si.com	r representation of the debtor(s) in

Fill	in th	is informa	tion to identify you	r case:					
Deb	tor 1		Jayme L Helffric	h Middle Name		Last Name			
	tor 2 ise if, i		First Name	Middle Name		Last Name			
Unit	ed S	tates Bank	ruptcy Court for the:	NORTHERN DISTR	RICT OF IL	LINOIS	:		
Cas (if kno		mber							eck if this is an ended filing
		al Forr		Affairs for Ind	lividua	als Filing for E	Bankruptcy		4/1
infor	mati	on. If mor		ble. If two married peo attach a separate she stion.					
Part	1:	Give Det	ails About Your Ma	rital Status and Where	e You Live	ed Before			
1.	Wha	t is your c	urrent marital statu	s?					
	_	Married Not marrie	d						
2.	Durii	ng the las	t 3 years, have you	lived anywhere other	than whe	re you live now?			
	_	No Yes. List a	ill of the places you li	ved in the last 3 years.	Do not inc	clude where you live no	w.		
	Deb	tor 1 Prio	r Address:	Dates Deb lived there		Debtor 2 Prior A	ddress:		Dates Debtor 2 lived there
3. state:	With s and	in the last territories	8 years, did you ev include Arizona, Cal	er live with a spouse ifornia, Idaho, Louisian	or legal e a, Nevada	quivalent in a commu , New Mexico, Puerto F	nity property state Rico, Texas, Washin	or territory? gton and Wis	(Community property consin.)
	_	No Yes. Make	sure you fill out Sch	edule H: Your Codebto	rs (Officia	l Form 106H).			
Part	2	Explain t	the Sources of You	r Income					
	Fill in	the total a	mount of income you	nployment or from ope u received from all jobs have income that you re	and all bu	sinesses, including par	t-time activities.	rious calend	ar years?
		No							
	¥.	Yes. Fill in	the details.						
				Debtor 1			Debtor 2		
				Sources of income Check all that apply.	(k	ross income before deductions and xclusions)	Sources of inco Check all that ap		Gross income (before deductions and exclusions)
			current year until or bankruptcy:	■ Wages, commission bonuses, tips	ns,	\$15,484.00	☐ Wages, comm bonuses, tips	nissions,	
				☐ Operating a busine	ess		Operating a b	usiness	

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Debtor 1 Jayme L Helffrich

Case number (if known)

				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a	apply. (bef	ss income ore deductions exclusions)
	r last caler nuary 1 to	ndar year: December	31, 2015)	■ Wages, commissions, bonuses, tips	\$25,599.00	☐ Wages, con bonuses, tips	nmissions,	
				☐ Operating a business		☐ Operating a	business	
		dar year be December		■ Wages, commissions, bonuses, tips	\$24,924.00	☐ Wages, con bonuses, tips	nmissions,	
				☐ Operating a business		☐ Operating a	business	
5.	Include in and other winnings.	come regard public bene If you are fili	lless of wheth fit payments; ing a joint cas	e during this year or the two ner that income is taxable. Exa pensions; rental income; inter se and you have income that y ome from each source separat	mples of other income are a est; dividends; money collec ou received together, list it o	alimony; child supported from lawsuits; only once under D	, royalties; and gamb ebtor 1.	, unemploymen oling and lottery
	■ No							
	☐ Yes.	Fill in the de	etails.					
				Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of ind Describe below	v. (befo	ss income ore deductions exclusions)
Рa	rt 3: Lis	t Certain Pa	yments You	Made Before You Filed for E	Bankruptcy			
S.	Are eithe □ No.	Neither De	ebtor 1 nor D	's debts primarily consumer Debtor 2 has primarily consu personal, family, or househol	mer debts. Consumer debt	ts are defined in 1	1 U.S.C. § 101(8) as	"incurred by a
			•	ore you filed for bankruptcy, did	d you pay any creditor a tota	al of \$6,425* or mo	ore?	
		□ _{No.} □ _{Yes}	Go to line 7	'. each creditor to whom you pak	t a total of \$6.425* or more	in one or more na	vments and the total	Lamount vou
		100	paid that cr not include	editor. Do not include paymen payments to an attorney for the t on 4/01/19 and every 3 years	ts for domestic support oblic is bankruptcy case.	gations, such as cl	hild support and alin	nony. Also, do
	Yes.			r both have primarily consurer you filed for bankruptcy, did		al of \$600 or more	?	
		□ No.	Go to line 7	,				
		Yes	include pay	each creditor to whom you paid ments for domestic support ob this bankruptcy case.	d a total of \$600 or more and digations, such as child sup	d the total amount port and alimony.	you paid that credit Also, do not include	or. Do not payments to a
	Creditor'	s Name and	d Address	Dates of paymer	nt Total amount paid	Amount you still owe	Was this payme	nt for
					•			

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Debtor 1 Jayme L Helffrich

Case number (if known)

7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.				
	■ No				
	Yes. List all payments to an insider.				
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
8.	Within 1 year before you filed for bankrupte insider? Include payments on debts guaranteed or cos		ments or transfer a	ny property on ac	ccount of a debt that benefited an
	■ No				
	Yes. List all payments to an insider				
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Pa	rt 4: Identify Legal Actions, Repossession	ns, and Foreclosures			
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.				
	□ No ■ Yes. Fill in the details.				
	Case title Case number	Nature of the case	Court or agency		Status of the case
	Community Hospital of Ottawa v Jayme Helffrich 07-WC-377	Small Claims for money owed	LaSalle County Court 119 W Madison Ottawa, IL 6135	St	☐ Pending ☐ On appeal ☐ Concluded
					Judgment entered and garnishment
	Collection Professionals v Jayme L Helffrich 16-LM-330	Collection for medical	LaSalle County Court 119 W Madison Ottawa, IL 6135	St	■ Pending □ On appeal □ Concluded
10.	Vithin 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.				
	No. Go to fine 11. Yes. Fill in the information below.				
	Creditor Name and Address	reditor Name and Address Describe the Property Date		Date	Value of the
		Explain what happened			property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment become No Yes, Fill in the details.	otcy, did any creditor, incl ause you owed a debt?	uding a bank or fina	ancial institution	, set off any amounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date a taken	action was Amount

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Debtor 1	Javme	LΙ	Helffrich	١

Case number (# known)

Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the be court-appointed receiver, a custodian, or another official?			n assignee for the bene	efit of creditors, a			
	■ No □ Yes						
Pai	rt 5: List Certain Gifts and Contribution	es					
3.	No	uptcy, did you give any gifts with a total value of more	than \$600 per person	?			
	Yes. Fill in the details for each gift. Gifts with a total value of more than \$60 per person	Describe the gifts	Dates you gave the gifts	Value			
	Person to Whom You Gave the Gift and Address:						
4.	Within 2 years before you filed for bankr	uptcy, did you give any gifts or contributions with a to	tal value of more than	\$600 to any charity?			
	Yes. Fill in the details for each gift or c	ontribution.					
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code	•	Dates you contributed	Value			
Par	t 6: List Certain Losses						
5.	Within 1 year before you filed for bankru or gambling?	Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster or gambling?					
	■ No						
	☐ Yes. Fill in the details.						
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property.</i>	Date of your loss	Value of property lost			
Par	t7: List Certain Payments or Transfers	3					
6.	consulted about seeking bankruptcy or p	ptcy, did you or anyone else acting on your behalf pay preparing a bankruptcy petition? reparers, or credit counseling agencies for services require	• • •	ty to anyone you			
	□ No						
	Yes. Fill in the details.						
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	Description and value of any property transferred	Date payment or transfer was made	Amount of payment			
	Armstrong & Surin 724 Columbus St Ottawa, IL 61350-5002 aslaw@mchsi.com	Attorney Fees	8/23/16 & 8/26/16	\$935.00			
	001 Debtorcc Inc 378 Summit Ave Jersey City, NJ 07306		8/25/16	\$15.00			

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Debtor 1 Jayme L Helffrich

Case number (if known)

17.	Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you	rs or to make payment	se acting on you s to your credito	r behalf pay o	r transfer any prope	erty to anyone who
	■ No					
	☐ Yes. Fill in the details.					
	Person Who Was Paid Address	Description and transferred	value of any prop	perty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankrupto transferred in the ordinary course of your bu include both outright transfers and transfers ma include gifts and transfers that you have already	usiness or financial aff ade as security (such as	airs? the granting of a s			
	No					
	Yes. Fill in the details.					
	Person Who Received Transfer Address	Description and property transfer			ny property or received or debts :hange	Date transfer was made
	Person's relationship to you			••••••	3 -	
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-prof No ☐ Yes. Fill in the details.		ny property to a s	self-settled tru	st or similar device	of which you are a
	Name of trust	Description and	value of the prop	erty transferre	d	Date Transfer was
D	A O. Historia Contain Financial Assessment Luca	4	4 D 1 Of-			
Par	t 8: List of Certain Financial Accounts, Ins	truments, Sare Deposi	t Boxes, and Sto	rage Units		
 Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, cre houses, pension funds, cooperatives, associations, and other financial institutions. No Yes, Fill in the details. 						
		Last 4 digits of account number	Type of accour	clos mo	e account was sed, sold, ved, or sferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?					
	■ No					
	Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)	- + +	Describe the c	ontents	Do you still have it?
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?					
	■ No					
	Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or l to it? Address (Number, S State and ZIP Code)		Describe the c	ontents	Do you still have it?

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Case number (if known) Debtor 1 Jayme L Helffrich

Pa	rt 9:	Identify Property You Hold or Control for	Someone Else					
23.		Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.						
		No						
		Yes. Fill in the details.						
		wner's Name ddress (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Valu			
Pa	rt 10	Give Details About Environmental Inform	ation					
For	the	purpose of Part 10, the following definitions	apply:					
	tox	vironmental law means any federal, state, or ic substances, wastes, or material into the a julations controlling the cleanup of these su	air, land, soil, surface water, ground					
		e means any location, facility, or property as own, operate, or utilize it, including disposal		law, whether you now own, operat	e, or utilize it or use			
		z <i>ardous material</i> means anything an enviror cardous material, pollutant, contaminant, or		waste, hazardous substance, tox	ic substance,			
Rep	ort a	all notices, releases, and proceedings that y	ou know about, regardless of when	they occurred.				
24.	Has	s any governmental unit notified you that yo	u may be liable or potentially liable	under or in violation of an enviror	nmental law?			
		No						
		Yes. Fill in the details.						
		tme of site Idress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
25.	Hav	ve you notified any governmental unit of any	release of hazardous material?					
		No						
		Yes. Fill in the details.						
		ume of site idress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
26.	Hav	ve you been a party in any judicial or admini	strative proceeding under any envi	ronmental law? Include settlemen	ts and orders.			
		No						
		Yes. Fill in the details.						
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case			
Pai	ţ 11:	Give Details About Your Business or Con	nections to Any Business					
27.	Wit	hin 4 years before you filed for bankruptcy,	did you own a business or have an	y of the following connections to	any business?			
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
		☐ A member of a limited liability company	(LLC) or limited liability partnershi	ip (LLP)				
		☐ A partner in a partnership						
		☐ An officer, director, or managing execu	tive of a corporation					
		☐ An owner of at least 5% of the voting or	equity securities of a corporation					

Best Case Bankruptcy

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Del	btor 1	Jayme L Helffrich		Case nur	nber (if known)
		No. None of the above applies. Go to P	art 12.		
		Yes. Check all that apply above and fill	in the details below for each busine	ess.	
		siness Name	Describe the nature of the busines		oloyer Identification number
		dress ' mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		not include Social Security number or ITIN.
					es business existed
28.		hin 2 years before you filed for bankrupto itutions, creditors, or other parties.	y, did you give a financial stateme	nt to anyone	about your business? Include all financial
		No			
		Yes. Fill in the details below.			
	Na		Date Issued		
		dress mber, Street, City, State and ZIP Code)			
Par	t 12-	Sign Below			
I havare t	ve re true i a ba	ad the answers on this Statement of Fina	alse statement, concealing propert	y, or obtaini	e under penalty of perjury that the answers ng money or property by fraud in connection both.
Ja Sig	me natu	WHelffrich re of Debtor 1	Signature of Debtor 2		
Dat	e	8-30-16	Date		
Did N	lo	attach additional pages to Your Stateme	nt of Financial Affairs for Individual	s Filing for E	Bankruptcy (Official Form 107)?
Did	•	pay or agree to pay someone who is not	an attorney to help you fill out bani	kruptcy form	s?

Yes. Name of Person _____ Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Best Case Bankruptcy

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapt	er 7:	Liquidation
	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
ŀ	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit
AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.